

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

CLAIM NUMBER	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/					
4	/					
5	/		/			
6	/		/			
7	2		2			
8	2		2			
9	2					
10	6		6			
11	2		2			
12	/		/			
13	/					
14						
15	/					
16	/		/			
17	6		6			
18	8		8			
19	8		8			
20	8		8			
21						
22						
23						
24						
25	4		4			
26	4		4			
27	1		1			
28	1					
29	1					
30						
31						
32						
33	1		1			
34	9		6			
35	1		1			
36	1					
37						
38						
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6		3			
TOTAL DEP.	47		18			
TOTAL CLAIMS	53		21			

PTO-1360 (3-78)

DO NOT USE FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office